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## BIB DATA SHEET

CONFIRMATION NO. 4621

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                     | ATTORNEY DOCKET<br>NO.  |                           |                                |
|---|---|--|------------------------------------|---|---------------------------|--------------------------------|
| 10/578,164  | 08/31/2006<br>RULE  | 514  | 1619                               | SZELES-5 PCT  |                           |                                |
| <b>APPLICANTS</b><br>Josef Constantin Szeles, Vienna, AUSTRIA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AT04/00390 11/04/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>AUSTRIA A 1750/2003 11/04/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> SMALL ENTITY **<br>03/05/2007 |   |  |                                    |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/SHANON A FOLEY/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>AUSTRIA | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>COLLARD & ROE, P.C.<br>1077 NORTHERN BOULEVARD<br>ROSLYN, NY 11576<br>UNITED STATES   |   |  |                                    |   |                           |                                |
| <b>TITLE</b><br>Punctual stimulation therapy  |   |  |                                    |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>665   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |